

## CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number \_\_\_\_\_

2. Contractor's Name \_\_\_\_\_

3. Title of Program \_\_\_\_\_

4. Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

4A. ☐ **Cost Reimbursement - Cumulative Actual Expenditures**  
☐ **Fixed Price**  
☐ **Periodic Report**      ☐ **Final Report**

## 5. CONTRACTOR'S DETAILED STATEMENT OF EXPENDITURES

ACCOUNT CLASSIFICATION	APPROVED BUDGET		ITEMIZED EXPENDITURES		
	Original Budget (a)	Current Revised Budget as of (b) _____	Expenditures (c)	Unpaid Encumbrances (d)	Total Expenditures (e)
<b>COST REIMBURSEMENT:</b>					
Personal Services and ERE					
Professional and Outside Services					
Travel Expenses					
Other Operating					
Capital Outlay Expense					
Other					
<b>TOTAL</b>					
<b>6. FIXED PRICE:</b>					
<b>A. Type of Unit:</b>	Rate Per Unit (1)	Revised Rate as of (2) _____	Number of Units Provided (3)		Total Funds Earned (4)
<b>TOTAL</b>					

**ADHS PROGRAM COORDINATOR CERTIFICATION:**

- ☐ Performance satisfactory for payment  
☐ Performance unsatisfactory, withhold payment  
☐ No payment due

## 7. CONTRACTOR CERTIFICATION

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures are valid, based upon our official accounting records (book of account) and are consistent with terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

PROGRAM COORDINATOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**AUTHORIZED CONTRACTOR'S SIGNATURE / TITLE / DATE**